

**PUBLIC EMPLOYEE
RETIREMENT ADMINISTRATION COMMISSION
5 MIDDLESEX AVENUE, SUITE 304
SOMERVILLE, MA 02145
(617) 666-4446**

STATEMENT OF FINANCIAL INTERESTS FOR CALENDAR YEAR 2019

Please provide the requested information. As required by G.L. c. 32, Section 20C, the Financial Disclosure Law, you must answer all questions to the best of your knowledge. If your answer to any question is "none" or if any question is not applicable, check "Not Applicable." If extra space is needed to complete a response, attach additional pages, clearly noting the question to which the information relates. If the Commission needs to contact you regarding this form, we will use the contact information provided in Question 1.

1. REPORTING DATA

Person Reporting:	
Current Home Address:	
City:	
State:	
Zip:	
Home Phone:	
Office Phone:	
Email:	
Name of spouse residing in your household:	<input type="checkbox"/> NOT APPLICABLE
Name of dependent child(ren) residing in your household (you don't need to provide the name of minor child(ren)):	<input type="checkbox"/> NOT APPLICABLE

2. RETIREMENT BOARD

This question indicates the reason you are required to file a Statement of Financial Interests and must be completed. Identify each position you held in 2019 or now hold as a **Retirement Board Member**.

Board on which you serve(d):	
Start Date:	
End Date if applicable:	

3. OTHER GOVERNMENT POSITION(s) (INCLUDING POSITION AS AN EMPLOYEE OF A RETIREMENT BOARD)

Identify any other government position(s) held in 2019 by you and/or an **IMMEDIATE FAMILY** member (spouse or dependent child) in any federal, state, county, district or municipal agency, whether compensated or uncompensated, full- or part-time. This also includes work performed pursuant to any consulting or contracted agreement with any such agency.

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer. Instead, put, e.g; "Spouse" or Child".

☐ **NOT APPLICABLE**

Name of Governmental Entity:	
Position Held:	
Filer or Immediate Family Member:	

4. EMPLOYMENT AND OTHER ASSOCIATIONS WITH BUSINESSES AND NON-GOVERNMENTAL ENTITIES (INCLUDING NON-PROFIT ORGANIZATIONS)

Identify each **BUSINESS** with which you and/or an **IMMEDIATE FAMILY** member (spouse or dependent child) were associated in 2019 as an employee, or as a partner, sole proprietor, officer, director, or in any similar managerial capacity, whether compensated or uncompensated, full- or part-time. **Include any business from which you have taken a leave of absence.**

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer. Instead, put, e.g; "Spouse" or Child".

☐ **NOT APPLICABLE**

Name of Business:	
Address:	
Position Held:	
Filer or Immediate Family Member:	

5. BUSINESS OWNERSHIP/EQUITY

Identify any **BUSINESS** in which you and/or an **IMMEDIATE FAMILY** member owned more than 1% of the **EQUITY** at any time during 2019.

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer. Instead, put, e.g; "Spouse" or Child".

☐ **NOT APPLICABLE**

Name of Business:	
Address:	
Percentage Owned (Filer Only):	

6. GIFTS

Identify any **GIFTS** with a fair market value aggregating more than \$100 received by you and/or an **IMMEDIATE FAMILY** member at any time during 2019 if the source of the gift is a person having a direct interest in a matter before the Retirement Board of which you are a member.

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer.
Instead, put, e.g; "Spouse" or Child".

☐ **NOT APPLICABLE**

Name of Source:	
Address of Source:	
Affiliation of Source:	
Individual Giving on Behalf of Source:	
Recipient:	
Value (Filer Only):	

7. HONORARIA

Identify any **HONORARIUM** aggregating more than \$100 received by you and/or an **IMMEDIATE FAMILY** member at any time during 2019 if the source of such honoraria is a person having a direct interest in a matter before the Retirement Board of which you are a member.

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer.
Instead, put, e.g; "Spouse" or Child".

☐ **NOT APPLICABLE**

Name of Source:	
Address of Source:	
Affiliation of Source:	
Individual Giving on Behalf of Source:	
Recipient:	
Value (Filer Only):	

8. REIMBURSEMENTS

Identify any **REIMBURSEMENTS** aggregating more than \$100 received by you and/or an **IMMEDIATE FAMILY** member at any time during 2019 if the source of the reimbursement is a person having a direct interest in a matter before the Retirement Board of which you are a member.

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer.
Instead, put, e.g; "Spouse" or Child".

☐ **NOT APPLICABLE**

Name of Source:	
Address of Source:	
Affiliation of Source:	
Individual Giving on Behalf of Source:	
Recipient:	
Value (Filer Only):	

9. SECURITIES AND INVESTMENTS

Identify each **SECURITY** or other **INVESTMENT**, with a fair market value in excess of \$1,000, beneficially owned by you and/or an **IMMEDIATE FAMILY** member as of December 31, 2019.

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer.
Instead, put, e.g; "Spouse" or Child".

Exclude cash and bank accounts; money market funds; certificates of deposit; retirement plans; profit – sharing plans; 401(k) or other deferred compensation plans; Keogh plans; insurance policies; Commonwealth U-Plan or U-Fund; tangible property held and used for non-commercial purposes, such as antiques and artwork; and investments held as a trustee, nominee, or agent for another person.

☐ **NOT APPLICABLE**

Name of Issuer:	
Description of Security:	
Principal Place of Business (Only for Non-Publicly Traded Securities):	
Owner (Filer or Immediate Family Member):	

10. CURRENT HOME/RESIDENCE MORTGAGE INFORMATION

Identify all mortgages for your current home/residence, including home equity and reverse mortgage loans, in excess of \$1,000, outstanding on December 31, 2019, for which you and/or an **IMMEDIATE FAMILY** member were obligated. You are not required to disclose your current home address.

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer.
Instead, put, e.g; "Spouse" or Child".

☐ **NOT APPLICABLE**

Creditor Name:	
Creditor Address:	
Interest Rate:	
Year Mortgage Due or Terminated:	

11. NON-CURRENT HOME/RESIDENCE MORTGAGE INFORMATION

Identify all mortgages that are not for your current home/residence, including home equity and reverse mortgage loans, in excess of \$1,000, outstanding on December 31, 2019, for which you and/or an **IMMEDIATE FAMILY** member were obligated. For an **IMMEDIATE FAMILY** member, do not report the **AMOUNTS** borrowed and owed.

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer.
Instead, put, e.g; "Spouse" or Child".

☐ **NOT APPLICABLE**

Address of Property:	
Creditor Name:	
Creditor Address:	
Original Amount Borrowed if the mortgage loan was NOT for your current home/residence (Filer Only):	
Amount Owed if the mortgage loan was NOT for your current home/residence (Filer Only):	
Interest Rate:	
Year Mortgage Due or Terminated:	

12. CREDITOR INFORMATION

Identify each debt, loan or other liability, other than mortgages reported above, in excess of \$1,000, owed by you and/or an **IMMEDIATE FAMILY** member as of December 31, 2019. Use categories of **AMOUNT** where applicable. **EXCLUDE: Any liability of \$1,000 or less; installment loans (cars, household effects, etc.); educational loans; medical and dental debts; credit card purchases (other than cash advances); support or alimony obligations; debts owed to a spouse or CLOSE RELATIVE; and debts incurred in the ordinary course of a BUSINESS.**

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer.
Instead, put, e.g; "Spouse" or Child".

☐ **NOT APPLICABLE**

Creditor Name:	
Creditor Address:	
Original Amount Borrowed (Filer Only):	
Amount Owed (Filer Only):	
Interest Rate:	
Year Due or Terminated:	
Loan Collateral:	

13. DEBTS FORGIVEN

Identify each creditor who at any time during 2019 forgave any indebtedness in excess of \$1,000 owed by you and/or an **IMMEDIATE FAMILY** member, if the creditor is a person having a direct interest in a matter before the retirement board of which you are a member. **EXCLUDE: Any debts forgiven by a spouse, a CLOSE RELATIVE, or the spouse of a CLOSE RELATIVE.**

Do **NOT** include the name of any **IMMEDIATE FAMILY** member in your answer.
Instead, put, e.g; "Spouse" or Child".

☐ **NOT APPLICABLE**

Creditor Name:	
Address:	
Amount Forgiven (Filer Only):	

14. CERTIFICATION

I, _____, certify under the pains and penalties of perjury that:
(Signature)

- I made a reasonably diligent effort to obtain the required information concerning myself and **IMMEDIATE FAMILY MEMBER(s)**; and
- The information provided on this form and any attachments is true and complete, to the best of my knowledge.

Submitted _____
(Date)

The following **IMMEDIATE FAMILY** member(s) declined to disclose information, which is necessary to complete this form fully and accurately. You are not required to disclose the name of your spouse or any dependent child(ren). Where applicable, you should answer this portion of the question by indicating the relationship, e.g., "Filer and Child(ren)," "Spouse," "Spouse and Child(ren)" or "Child(ren)."

The following are the specific question(s) for which information could not be obtained from an **IMMEDIATE FAMILY** member(s):

The following are the specific question(s) which I decline to answer in whole or in part, because I assert the information is privileged by law:

Please explain the basis of your claim of privilege:

IMPORTANT:

1. No **RETIREMENT BOARD MEMBER** shall be allowed to continue in his duties unless he has filed an SFI with the Commission. The Commission will notify your Retirement Board immediately if you fail to timely file.
2. A faxed SFI cannot be accepted.
3. You must file by mail or in person, and must submit the original SFI and one (1) copy to complete the filing. The Commission will date-stamp and return the additional copy to you as proof of filing.
4. Please check to see that you answered every question. If a question is not applicable or the answer is none, you must check the ☐ **NOT APPLICABLE** box.